

FILED FEB 14 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 479
Registrar's No. 10

BIRTH NO. _____		REG. DIST. NO. 52		PRIMARY REG. DIST. NO. 5182		State File No. 479		Registrar's No. 10	
1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>					2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> COUNTY <u>Cape Girardeau</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Shawnee</u>			c. LENGTH OF STAY (in this place) <u>Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Shawnee 0160</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4 mi. East New Wells</u>					d. STREET ADDRESS (If rural, give location) <u>4 mi. East New Wells</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Herman</u> b. (Middle) <u>Joseph</u> c. (Last) <u>Perr</u>					4. DATE OF DEATH (Month) (Day) (Year) <u>2 9 1951</u>				
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Aug. 11 1875</u>		9. AGE (In years) <u>75</u> IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Joseph Perr</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Kraml</u>			14. NAME OF HUSBAND OR WIFE <u>Clara Perr</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>			16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Herbert Perr, Neely Landing Mo.</u> ADDRESS				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH <u>Sudden & 2 yrs.</u> <u>39.1X</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR					
22. I hereby certify that I attended the deceased from <u>Nov. 30</u> , 19 <u>48</u> , to <u>Feb. 9</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Feb. 2</u> , 19 <u>51</u> , and that death occurred at <u>9:15 P. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Theodore Fincher, M.D.</u>				23b. ADDRESS <u>Attenburg, Mo.</u>		23c. DATE SIGNED <u>2-10-51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Feb 12. 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>New Wells</u>		24d. LOCATION (City, town, or county) (State) <u>Mo.</u>			
DATE REC'D BY LOCAL REG. <u>Feb 10-51</u>		REGISTRAR'S SIGNATURE <u>A. F. Seiler</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Fred. Rehner</u>		ADDRESS <u>New Wells Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

FEB 12 1951

DISTRICT HEALTH OFFICE No.

File No.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No.

working under my personal supervision.

Signed _____

B A Meyer

Signed _____

Student Embalmer

Licensed Embalmer No. *3057*

P. O. Address *Jackson Mo*

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.